PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

									100	<u> 36</u>	25/	
			S FILED - PART (Column 1)		(Column 2)			SMALL TYPE	ENTITY	OR		R THAN ENTITY
TOTAL CLAIMS			2.7		-		<u> </u>	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC-FE	€ 385.00	OR		
TOTAL CHARGEABLE CLAIMS			27 minus 20=		• 7			X\$ 9=		OR	X\$18=	1.6.
INDEPENDENT CLAIMS			- 8 aunim €		* _			X43=	+-	7	Y00	j26·-
MULTIPLE DEPENDENT CLAIM PR			RESENT				1 1		 	OR	7005	
• 1	the difference	e in column 1 is	less than z	ero enter	"O" in	column 2	. [+145=		OR	+290=	
•		•	less than zero, enter "0" in			COIDINI 2		TOTAL		OR	TOTAL	896
		(Column 1)	MENDED - PART II (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER	
Г	1011	CLAIMS	1	HIGHE		(Column 3)		-	, .	- 07	DINALL	E IVIII
AMENDMENT A	2/15/05	REMAINING		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 17	Minus	** J	7_			X\$ 9=	 ,	OR	X\$18=	
AME	Independent	* / ENTATION OF MU	Minus	*** S	<u> </u>		lΓ	X43=		OR	X86=	-
	rino i Frico	ENTATION OF MI	JENPLE DE	PENUENI	CLAIM		' [+145=		OR	+290=	
							L	TOTAL		∤ '	TOTAL	
							A	DDIT. FEE		OR ,	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		-			 		
						•	L	+145=		OR	+290=	
•								TOTAL DOIT. FEE		OR ,	TOTAL ODIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	st R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	_	= .		X\$ 9=		OR	X\$18=	
3	Independent	*	Minus	***		=	H	X43=			X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR -	7002	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
T	he "Highest Num	nber Previously Paid ber Previously Paid	For" (Total or	SPACE is l Independent	ess than i) is the l	3, enter "3." highest number		_	ropriate box			. 7